

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

**MHSA ANNUAL REPORT UPDATE FY 2012-2013
MID YEAR PROPOSED CHANGE**

**Community Services and Supports Plan
Planning, Outreach, and Engagement (POE-1) Work Plan**

241.1 CROSSOVER YOUTH PROGRAM (CYP)

UPDATED WORK PLAN DESCRIPTION:

Under the Mental Health Services Act (MHSA), the primary objective of Planning, Outreach, and Engagement (POE) is to initiate system transformation by increasing awareness of mental health services and supports to unserved, underserved, and under-represented populations across all services areas. Youth involved in the Los Angeles County dependency and delinquency systems represent a highly vulnerable population with unmet mental health and co-occurring substance abuse challenges that have been long unserved or underserved. The 241.1 Crossover Youth Program targets this population by using multidisciplinary teams (MDT) to facilitate effective outreach and engagement to youth most vulnerable for crossing over from the dependency to the delinquency system.

On October 8, 1997, Los Angeles County adopted its first comprehensive Welfare and Institutions Code (WIC) Section 241.1 protocol, designed to better serve youth who cross between the dependency and delinquency systems. The protocol required the Department of Children and Family Services (DCFS) and Probation to prepare joint assessments for each child involved in the dependency and delinquency systems, and to recommend to the delinquency court which system could best serve the interest of the youth and the community. In 2004, WIC Section 241.1 was amended by Assembly Bill (AB) 129 to grant counties the option of adopting a protocol for dual status. As a result, the AB 129 protocol was developed with the Juvenile Court, Probation, DCFS, DMH and cross-system partners. This protocol created the dual status option to allow all youth assessed under WIC Section 241.1 to receive enhanced case assessment by a Multi-Disciplinary Team (MDT). In May 2007, the protocol was launched in the Pasadena delinquency court as a pilot. A multidisciplinary oversight committee monitored the pilot and managed its expansion. In January 2012, the 241.1 protocol was implemented Countywide in ten (10) delinquency courts. As part of the protocol, the MDT is comprised of a DCFS Children's Social Worker (CSW), a Deputy Probation Officer (DPO), a DMH Psychiatric Social Worker (PSW), and an Education Consultant. The MDT is responsible for preparing all joint assessments; making recommendations to the Court on appropriate legal status for the youth and necessary service plans for the youth; linking the youth to necessary services; tracking the youth's progress during the delivery of services; and reporting to the Court.

Capacity:

With the expansion there are approximately 100 youth who crossover each month; and a total of 200 MDTs (100 pre-disposition and 100 post-disposition) are required monthly. Since the number of MDTs will increase, additional staffing is required.

Staffing:

DMH proposes to hire five (5) additional PSWs, for a total of 11 PSWs, to serve the approximately 100 youth arrested monthly and subject to the 241.1 project. The PSWs will be co-located in DCFS regional offices in order to improve coordination with other members of the MDT.

Funding:

The estimated annual cost for these positions including salary, employee benefits, and miscellaneous services and supplies is \$505,500 (*see attachment*). These costs are fully funded by ongoing allocated, but unspent MHSA Community Services and Supports (CSS) Plan funds designated under the Planning, Outreach, and Engagement (POE-1) Workplan. Similar types of services under the POE-1 Workplan have already been approved for a mental health jail diversion program for adults. DCFS will provide space for co-locating the PSWs in their regional offices at no cost to DMH.

Data Collection and Outcomes:

As required, the impact of the investment of MHSA funding on this 241.1 Crossover project is tracked and reported quarterly and annually. Included therein is a particular focus on the following metrics:

- Legal status of youth as determined by the court (DCFS, Probation, or both)
- Number of MDTs that include DMH PSW participation;
- Number of youth with co-occurring mental health and substance abuse disorders in comparison to youth with only mental health disorders;
- Types of MDT service recommendations made
- Number and type of MDT service recommendations implemented (for example, linkage to mental health services)
- Recidivism rates within 9 months of being referred to the project